

Revision: HCFA-AT-81-34 (BPP)

~~10-81~~State MINNESOTA**OFFICIAL**Citation4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

TN # 81-31
Supersedes
TN # 78-1b

Approval Date 12/2/81
7-21-78

Effective Date 10/1/81
4-1-78